Laminectomy or Spinal Fusion Rate
Technical Specifications

Inpatient Quality Indicators #29 (IQI #29)
AHRQ Quality Indicators™, Version 4.5, May 2013
Area-Level Indicator
Type of Score: Rate

Description

Laminectomies or spinal fusion discharges per 100,000 population, ages 18 years and older. Excludes obstetric discharges.

[NOTE: The software provides the rate per population. However, common practice reports the measure as per 100,000 population. The user must multiply the rate obtained from the software by 100,000 to report discharges per 100,000 population.]

Numerator

Discharges, for patients ages 18 years and older, with any-listed ICD-9-CM procedure codes for laminectomy or spinal fusion.

ICD-9-CM Laminectomy or spinal fusion procedure codes:

0302 REOPEN LAMINECTOMY SITE
0309 SPINAL CANAL EXPLORE NEC
8050 EXC/DEST INTRVRT DISC NOS
8051 EXCISION INTERVERT DISC
8059 OTH EXC/DEST INTRVRT DISC
8100 SPINAL FUSION NOS
8101 ATLAS-AXIS FUSION
8102 OTH CERV FUSION ANT/ANT
8103 OT CERV FUSION POST/POST
8104 DRSL/DRSLUMB FUS ANT/ANT
8105 DRSL/DSLMB FUS POST/POST
8106 LUMB/LMBOSAC FUS ANT/ANT
8107 LMB/LMBOSAC FUS POST/POST
8108 LUMB/LMBOSAC FUS ANT/POST
8109 REFUSION OF SPINE
8110 360 SPINAL FUSION
8161 INS SPINAL FUSION DEVICE
8162 FUS/REFUS 2-3 VERTEBRAE
8163 FUS/REFUS 4-8 VERTEBRAE
8164 FUS/REFUS 9 VERTEBRAE
8130 SPINAL REFUSION NOS
8131 REFUSION OF ATLAS-AXIS
8132 REFUS OTH CERVCL ANT/ANT
8133 REFUS OTH CERV POST/POST
8134 REFUS DRS/DRSLMB ANT/ANT
8135 REFUS DRS/DRSLMB PST/PST
8136 REFUS LMB/LMBSC ANT/ANT
8137 REFUS LMB/LMBSC PST/PST
8138 REFUS LMB/LMBSC ANT/POST
8139 REFUSION OF SPINE NEC
8140 360 SPINAL FUSION
8161 360 SPINAL FUSION
8162 360 SPINAL FUSION
8163 360 SPINAL FUSION
8164 360 SPINAL FUSION

Excludes cases:
- MDC 14 (pregnancy, childbirth, and puerperium)
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing) or principal diagnosis (DX1=missing)
Denominator

Population ages 18 years and older in metropolitan area‡ or county. Discharges in the numerator are assigned to the denominator based on the metropolitan area or county of the patient residence, not the metropolitan area or county of the hospital where the discharge occurred.

‡ The term “metropolitan area” (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs), and primary metropolitan statistical areas (PMSAs). In addition, “area” could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area, or 4) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.